

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002

Office (413) 259-3077 Fax (413) 259-2404

www.amherstma.gov

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

NEW _____ REMODEL _____ CONVERSION _____

Name of Establishment _____ Date _____

Business Address _____ Business Phone _____

Mailing Address (if different) _____

Owner _____ Owner's Phone _____ Owner's Email _____

Address of Owner _____

Name & Title of Applicant (if different from Owner) _____

Applicant's Phone _____ Applicant's Email _____

If Corporation or partnership, give name, title & home address of officers or partners.

Name	Title	Home Address	Home Phone
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State of Incorporation	Name & Address of Local Agent
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Emergency Response Person: Name _____ Home phone _____

Type of Establishment (Check all that apply)	Fee	Amount to be Paid
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Bakery	150.00	_____
Catering	150.00	_____
Food Establishment	300.00	_____
Fraternity/Sorority/Faith based org.	100.00	_____
Frozen Dessert	100.00	_____
Residential Kitchen	75.00	_____
Retail	200.00	_____
Supermarket	900.00	_____
Total		_____

I have submitted plans/applications to the following authorities on the following dates:

_____ Board of Selectmen	_____ Plumbing
_____ Zoning	_____ Electric
_____ Planning	_____ Police
_____ Building	_____ Fire
_____ Other	_____ Conservation

Hours of Operation

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Number of Seats _____

Number of Staff (Maximum per shift) _____

Total Square Feet of Facility _____

Number of floors on which operations are conducted _____

Maximum Meals to be Served (Daily)
(Approximate number)

Breakfast _____

Lunch _____

Dinner _____

Projected Date for Start of Project _____

Projected Date for Completion of Project _____

Type of service
(check all that apply)

Sit Down Meals _____

Take Out _____

Caterer _____

Other (please specify) _____

Please enclose the following documents:

- _____ Proposed Menu
- _____ Specification sheets for each piece of equipment
- _____ Site plan showing location of business in building, location of building on site including alleys and streets, location of any outside facility (dumpsters walk-ins)
- _____ Plan drawn to scale of facility showing location of equipment, plumbing and electrical

FOOD SUPPLIES

1. Are all food supplies from inspected and approved sources? YES/ NO
2. What are the projected frequencies of deliveries for Frozen foods _____, Refrigerated goods _____, and Dry goods _____
3. Provide information on the amount of space (in cubic feet) allocated for
Dry Storage _____
Refrigerated Storage _____ and
Frozen Storage _____
4. How will dry goods be stored off the floor?

COLD STORAGE

1. How do you plan to keep the frozen foods frozen and refrigerated foods at 41°F (5°C) and below?

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready to eat foods? YES / NO

If yes, how will cross contamination be prevented?

3. Does each refrigerator/freezer have a thermometer? Yes / No

Number of Refrigeration units? _____

Number of Freezer Units? _____

4. Is there a bulk ice machine available? Yes / No

FOOD PREPARATION

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

CATEGORY	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	_____	_____
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	_____	_____
3. Cold processed foods (salads, sandwiches, vegetables)	_____	_____
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	_____	_____
5. Bakery goods () () (pies, custards, cream fillings & toppings)	_____	_____
6. Other _____		

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

*Frozen foods: Approximately one inch or less = thin, and more than an inch = thick

Thawing Method	*Thick Frozen Foods	*Thin Frozen Foods
Refrigeration		
Cold Running Water		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

List all foods that will be cooked and served

List all foods that will be hot held prior to service

List all foods that will be cooked and cooled

List all foods that will be cooked, cooled and reheated

Provide a HACCP plan for specialized processing methods of foods such as Reduced Oxygen Packaging (vacuum packaging, cook-chill, etc.), use of additives to render a food non PHF (TCS) food, curing and smoking for preservation, and molluscan shellfish tanks.

HOT/COLD HOLDING

1. How will hot PHF's be maintained at 135°F or above during holding for service?
Indicate type and number of hot holding units.

2. How will cold PHF's be maintained at 41°F or below during holding for service?
Indicate type and number of cold holding units.

COOLING

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/GRAVY	THICK SOUPS/GRAVY	RICE/NOODLES
Shallow pans					
Ice baths					
Reduce volume or size					
Rapid chill					
Other (describe)					

REHEATING

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

GENERAL

1. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration: _____

Test Kit: YES / NO

2. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES / NO
If not, how will ready-to-eat foods be cooled to 41°F?

3. Will all produce be washed on-site prior to use? YES / NO
4. Is there a planned location used for washing produce? YES / NO

Describe _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

5. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation.

6. Will the facility be serving food to a highly susceptible population? YES / NO
If yes, how will the temperature of foods be maintained during transfer between the kitchen and service area?

EMPLOYEES

1. How will food employees be trained in good food sanitation practices?

Method of training _____

Number(s) of employees _____

Dates of completion _____

2. Will disposable gloves, and/or utensils, and/or food grade paper be used to prevent handling of ready to-eat foods? YES / NO
3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO

Please briefly describe the written policy:

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

Area	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage and Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk in Refrigerators and Freezers				

INSECT AND RODENT HARBORAGE

Applicant: Please check appropriate boxes.

- | | Yes | No | N/A |
|---|--------|--------|--------|
| 1. Are all outside doors self-closing and rodent proof for summer? | [] | [] | [] |
| 2. Are screen doors provided on outside doors for use in summer? | [] | [] | [] |
| 3. Do all operable windows have a minimum #16 mesh screening? | [] | [] | [] |
| 4. Are all pipes, electrical conduit chases, ventilation systems, exhaust and intakes sealed? | [] | [] | [] |
| 5. Is area around building clear of unnecessary brush, litter boxes or other harborage? | [] | [] | [] |
| 6. Are air curtains used?
If yes where | [] | [] | [] |

GARBAGE AND REFUSE

	Yes	No	N/A
Recycling Plan	[]	[]	[]
<u>Inside</u>			
7. Do all containers have lids?	[]	[]	[]
8. Will refuse be stored inside? If yes, where? _____	[]	[]	[]
9. Is there a trash can cleaning sink or area?	[]	[]	[]
<u>Outside</u>			
10. Will a dumpster be used? Number _____ Size _____ Frequency of pick up _____ Contractor _____	[]	[]	[]
11. Will a compactor be used? Number _____ Size _____ Frequency of pick up _____ Contractor _____	[]	[]	[]
12. Will garbage cans be stored outside?	[]	[]	[]
13. Describe surface dumpster/compactor/and cans to be stored _____	[]	[]	[]

WATER SUPPLY

Is water supply public () or private () ?

If private, has source been approved? YES / NO / PENDING
Please attach copy of written approval and/or permit.

Is ice made on premises () or purchased commercially () ?

If made on premise, are specifications for the ice machine provided? YES / NO

Describe provision for ice scoop
storage: _____

What is the capacity of the hot water generator? _____

How are backflow prevention devices inspected and serviced?

SEWAGE DISPOSAL

Is building connected to the municipal sewer system? YES / NO

If no, is private disposal system approved? YES / NO /PENDING

Please attach copy of written approval and/or permit.

Are grease traps provided? YES / NO

If yes, where? _____

Provide schedule for cleaning & maintenance _____

PLUMBING

Please describe back – siphonage protection of the following:

	AIR GAP	AIR BREAK	CHECK VALVE	“P” TRAP	VACUUM BREAKER
14. Water closets	[]	[]	[]	[]	[]
15. Urinals	[]	[]	[]	[]	[]
16. Dishwasher	[]	[]	[]	[]	[]
17. Garbage grinder	[]	[]	[]	[]	[]
18. Ice machines	[]	[]	[]	[]	[]
19. Ice storage bin	[]	[]	[]	[]	[]
20. Sinks	[]	[]	[]	[]	[]
21. Steam tables	[]	[]	[]	[]	[]
22. Dipper wells	[]	[]	[]	[]	[]
23. Refrigerator	[]	[]	[]	[]	[]
24. Hose connector	[]	[]	[]	[]	[]
25. Potato peeler	[]	[]	[]	[]	[]

EXHAUST HOODS

Indicate all areas where exhaust hoods are installed

Location	Filters and/or extraction devices	Square feet	Fire Protection	Air Capacity CFM	Air Makeup CFM

How is each listed ventilation hood systems cleaned?

DRESSING ROOMS

Are dressing rooms provided? YES / NO

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

SINKS

Is a mop sink present? YES / NO

If no, please describe facility for cleaning of mops and other equipment:

If the menu dictates, is a food preparation sink present? YES / NO

DISHWASHING FACILITIES

Will sinks or a dishwasher be used for warewashing?

Dishwasher ()

Three compartment sink ()

Dishwasher

Type of sanitization used:

Hot water (temp. provided) _____

Booster heater _____

Chemical type _____

Is ventilation provided? YES / NO

Do all dish machines have templates with operating instructions? YES / NO

Do all dish machines have temperature/pressure gauges as required that are accurately working? YES / NO

Does the largest pot and pan fit into each compartment of the pot sink? YES / NO

If no, what is the procedure for manual cleaning and sanitizing?

Are there drain boards on both ends of the pot sink? YES / NO

What type of sanitizer is used?

Chlorine ()

Iodine ()

Quaternary ammonium ()

Hot water ()

Other- Please specify _____ ()

Are test papers and/or kits available for checking sanitizer concentration? YES / NO

HANDWASHING/TOILET FACILITIES

1. Is there a hand washing sink in each food preparation and ware washing area? YES / NO
2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?
YES / NO
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO
4. Is hand cleanser available at all hand washing sinks? YES / NO
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? YES / NO
6. Are covered waste receptacles available in each restroom? YES / NO
7. Is hot and cold running water under pressure available at each hand washing sink? YES / NO
8. Are all toilet room doors self-closing? YES / NO
9. Are all toilet rooms equipped with adequate ventilation? YES / NO
10. Is there a hand washing sign posted in each employee restroom? YES / NO

OTHER

Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES / NO

Indicate location:

Are all toxics for use on the premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas? YES / NO

Are all containers of toxics including sanitizing spray bottles clearly labeled? YES / NO

Will linens be laundered on site? YES / NO

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

Is a laundry dryer available? YES / NO

Location of clean linen storage:

Location of dirty linen storage:

Are containers constructed of safe materials to store bulk food products? YES /NO

Indicate type: _____

SMALL EQUIPMENT REQUIRMENTS

Please specify the number, location, and types of each of the following:

Slicers _____

Cutting boards _____

Can Openers _____

Mixers _____

Other _____

STATEMENT: I certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the office may nullify this approval.

Date _____ Signature _____

Owner (s) or responsible representative (s)

Approval of these plans and specifications by the Amherst Health Department Does Not indicate compliance with any other code, law or regulations that may be required – Federal, State, or Local. Further, the approval does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if compliance with the local and state laws governing food service establishments have been met.

IN ORDER TO RECEIVE A FOOD LICENSE:

Copies of the following must be submitted with your application:

- **Certified Food Protection Manager Certification**
- **Food Allergy Awareness Video Training Certification for Each Individual**
- **Anti-Choking Certifications for Each Individual**

***MOBILE FOOD UNITS OR PUSHCARTS**

☐ COPY OF PEDDLAR'S LICENSE

☐ LIST OF HAND WASHING AND TOILET FACILITIES

Submitted Applications to:

☐ Board of Selectman

☐ Fire

☐ Police

TEMPORARY PERMIT

Start Date: _____

End Date: _____

Pursuant to M.G.L. CH. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all State Taxes required under law.

√ Signature of Individual or Corporate Name

By _____

Corporate Officer (if applicable)

Social Security Number or Federal Identification Number

Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. [] I am an employer providing the following workers compensation coverage for my employees:
_____ (Policy # / Insurance Company)

2. [] I am not required to have workers' compensation insurance under M.G. L. c. 152, Sect. 25 (c) (6)

**Any applicant who checks #1 above must also complete and submit the
Worker's Compensation Affidavit.**

REVIEWER'S CHECK LIST

	Sat.	UnSat.	N/A	Insuff/info
1. Finish Schedule	[]	[]	[]	[]
Kitchen	[]	[]	[]	[]
Warewashing	[]	[]	[]	[]
Food Storage	[]	[]	[]	[]
Other Storage	[]	[]	[]	[]
Bathrooms	[]	[]	[]	[]
Dressing Rooms	[]	[]	[]	[]
2. Insect and Rodent Harborage	[]	[]	[]	[]
3. Garbage and Refuse	[]	[]	[]	[]
4. Plumbing	[]	[]	[]	[]
5. Water Supply	[]	[]	[]	[]
6. Sewage Disposal	[]	[]	[]	[]
7. Dressing Rooms	[]	[]	[]	[]
8. Separate storage of toxins	[]	[]	[]	[]
9. Laundry Facilities	[]	[]	[]	[]
10. Linen Storage	[]	[]	[]	[]
11. Exhaust Hoods	[]	[]	[]	[]
12. Sinks	[]	[]	[]	[]
13. Dish washing	[]	[]	[]	[]
14. Lighting	[]	[]	[]	[]
15. Ventilation	[]	[]	[]	[]
16. Grease Traps	[]	[]	[]	[]
17. Employee Restroom	[]	[]	[]	[]
Location	[]	[]	[]	[]
Number _____	[]	[]	[]	[]
Soap	[]	[]	[]	[]
Hand Drying	[]	[]	[]	[]
Lavatories	[]	[]	[]	[]
Water Closets	[]	[]	[]	[]
Urinals	[]	[]	[]	[]
Waste Receptacles	[]	[]	[]	[]
18. Patrons Rest rooms	[]	[]	[]	[]
Location	[]	[]	[]	[]
Number _____	[]	[]	[]	[]
Soap	[]	[]	[]	[]
Hand Drying	[]	[]	[]	[]
Hand Washing Signs	[]	[]	[]	[]
Lavatories	[]	[]	[]	[]
Water Closets	[]	[]	[]	[]
Urinals	[]	[]	[]	[]
Waste Receptacles	[]	[]	[]	[]

	<u>Sat.</u>	<u>UnSat.</u>	<u>N/A</u>	<u>Insuff/info</u>
19. Kitchen Equipment	[]	[]	[]	[]
A. Space between units or wall closed or adequate space for easy cleaning	[]	[]	[]	[]
B. Aisles sufficient width	[]	[]	[]	[]
C. Storage 6" off floor	[]	[]	[]	[]
D. Countertops and cutting boards of suitable materials	[]	[]	[]	[]
E. Self serve food area adequately protected	[]	[]	[]	[]
F. Built-in external temperature gauges, or provision for separate internal thermometers noted for each piece of refrigerated equipment.	[]	[]	[]	[]
G. Thermometers for hot food (s)	[]	[]	[]	[]
H. Utensils and kitchen Storage	[]	[]	[]	[]
Cleaned	[]	[]	[]	[]
Soiled	[]	[]	[]	[]
I. Counter mounted equipment	[]	[]	[]	[]
J. Floor mounted equipment	[]	[]	[]	[]
k. Vacuum packaging equipment	[]	[]	[]	[]
L. Bulk Food	[]	[]	[]	[]
M. Self Service	[]	[]	[]	[]
Salad	[]	[]	[]	[]
Hot/Cold Buffet	[]	[]	[]	[]

Comments: (note why any item was noted "Unsatisfactory")

Reviewer Signature

Date

Reviewer Title

Approval

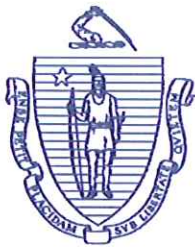
Date

Disapproval

Date

Reason (s) for disapproval

Dates of Operation if not Annual _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia